

Notice: This form is authorized by s. 281.75, Wis. Stats., and ch. NR 123, Wis. Adm. Code. Completion of this form is mandatory. Failure to submit a completed form to the Department of Natural Resources will result in the denial of grant funds. Personally identifiable information collected on this form will be used for program administration and may be made available to requesters under Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.) and requirements.

If you have questions concerning this form, contact the Bureau of Community Financial Assistance at (608) 266-7555 or the Bureau of Drinking Water and Groundwater at (608) 266-0821.

To be Completed by DNR	
Region	Claim Number
Date Rec'd by DNR	Well ID Number (WUWN)
Completion Date	Facility ID Number

I. Claimant Information

Claimant Name			Owner Name (if different than claimant)		
Mailing Address			Mailing Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number (include area code) ()			Telephone Number (include area code) ()		
Note: A Letter of consent from the owner may be attached instead of the signature on this form.			Signature of Owner		

II. Description of Problem

Proof of Contamination Based On:

- ☐ Sample Results (attach copies of Lab results)
- ☐ DNR Advisory Letter (attach a copy of advisory letter)

III. Eligibility Criteria

- A. Is the contaminated water supply the primary water source for the resident or livestock it serves? ☐ Yes ☐ No
- B. Has any work begun on the proposed alternative? ☐ Yes ☐ No
- C. Contaminated private water supply serves: ☐ Residence ☐ Livestock ☐ Both

1. If residential or both, number of dwelling units served by the water supply: _____

2. If livestock or both:

Is the well approved by the Department of Agriculture Trade and Consumer Protection (DATCP) for Grade A milk production? ☐ Yes ☐ No

Months Used Per Year: _____

Gallons Used Per Day: _____

D. Well Type: ☐ Bored ☐ Sand Point ☐ Drilled ☐ Dug

E. Have you applied for other funding for this contaminated well? ☐ Yes ☐ No

If yes, provide names of other funding sources: _____

F. Awards to individuals are considered "other income":

The Department of Natural Resources is required by the Internal Revenue Service to send a 1099G for tax filing purposes as a result of payment for a "Well Compensation Grant Award Program Claim." It is the department's understanding that "awards to individuals" is considered "other income." If the "Well Compensation Grant Award Claimant" is concerned with how the receipt of the grant award might affect their standing to receive food stamps, Medicare, or other such services or programs, you may wish to check with a representative of that program, social worker or other such person. Additional information regarding income tax issues can be obtained at www.irs.gov or the IRS hotline # 1-800-829-1040.

Claimant Name	Claim Number
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Well Compensation Program Claim

Form 8700-174 (R 1/05)

Page 2 of 2

IV. Evaluation of Proposed Action(s)

Note: A detailed description must be attached for each feasible alternative.

Alternatives Considered	Feasible			
1. Construction of a new well	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
2. Reconstruction of existing well	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
3. Connection to an existing system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Public	<input type="checkbox"/> Private
4. Alternate water supply (e.g., bottled, trucked)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
** Treatment (complete only if all others are not feasible)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Chosen Alternative:

Justification (must be given for alternatives checked as not feasible above; attach additional sheets, if necessary)

V. Necessary Attachments

- Letter from owner (if different than claimant and owner's signature is not on the front of this claim form).
- Plat map, if available.
- DNR advisory or Lab results, or both.
- Copy of well construction report for the existing, contaminated well.
- Detailed description of all feasible alternatives.
- DNR field inspection (Form 3300-26). (Optional; but documentation, at least, that existing well is not a dug well.)
- State of Wisconsin Income Tax Return for prior year. (Not Federal Return)

VI. Claimant Affidavit – Important: Sign in presence of notary public

State of Wisconsin)
County of _____) Affidavit

I, _____ being first duly sworn, depose and say that, to the best of my
(Name of Claimant)
knowledge and belief, the information in this claim and the attachments is true and correct.

Signature of Claimant

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public, State of Wisconsin

My Commission expires / is _____

Department of Natural Resources Use Only

Regional Recommendation and Comments:

Approved for Well Compensation Award

Signature of Regional Water Supply Specialist	Date Signed
Signature of Drinking Water and Groundwater Program Manager	Date Signed
Signature of Community Financial Assistance Grant Manager	Date Signed

Instructions for Well Compensation Program Claim Form 8700-174

Claimants should complete applications with help from Department of Natural Resources Regional staff, well drillers, pump installers and other contractors. The affidavit on the back of the form must be completed by the claimant and notarized by a notary public.

Step One

Please complete Sections I, II, III, and IV on the Well Compensation Program Claim (Form 8700-174). In Section II indicate whether an advisory was issued by DNR to not drink the water or whether your claim of contamination is based on lab work done at a private lab. Attach a copy of the latest DNR advisory letter or the lab results you had done at a private lab. In Section III, answer all questions that apply to your situation.

Step Two

In Section IV indicate the plan you propose to solve your problem. You will need to contact local well drillers, pump installers or other contractors to get an estimate of the work and practicality of a solution. Call the DNR Regional Office Water Supply Specialist, if necessary, to help you define your options.

The attached form, Itemized Estimate Sheet (Form 8700-175), should be completed by your well driller, pump installer and other contractors for estimates on each practical option. Each feature must be approved and initialized by the Regional Water Supply Specialist. There is a flat rate cost set by Administrative Code allowable for each item. Any costs exceeding that amount are not eligible for reimbursement.

Well Abandonment – Abandonment of the contaminated well will be required. Report the number of sacks of cement or bags of bentonite chips needed to fill the well under "Well Abandonment" (item 19 on page 2 of Form 8700-175).

Landscaping Costs – Landscaping costs to restore the site to preconstruction conditions are eligible for reimbursement and should also be described under the "Landscape Work" section of page 3 of Form 8700-175.

Alternate Water Supply – If you will need bottled or trucked water, you are entitled to reimbursement for costs incurred from the date the DNR issues a proceed notice or award, until the date your replacement water supply is operating. This should be reported under "Alternate Water Supply" on page 4 of Form 8700-175. You will be reimbursed for an alternate water supply for a maximum of one year in most cases. However, if the DNR determines that the contamination in your private water supply can be remedied in two years or less, then you may be compensated for an alternate water supply for up to two years.

Connection to an Existing System – The estimated cost or assessment for connecting to an existing private or public system should be listed under part D, "Cost of Connection to Public or Private Water System", of Form 8700-175, page 4.

Treatment – Treatment is only allowed if all other replacement alternatives are not feasible. If this is the case, a description of the proposed treatment system must be included under the "Treatment Device" section on the last page of Form 8700-175.

Water Sample Analyses – Any water sample analyses you paid for to establish contaminating of your well should also be listed under "other" (line C. 12. B., page 3). Please remember that you are limited to reimbursement for a maximum of two chemical analysis samples. (Bacteriological sample analysis costs are a separate item.)

Step Three

You must explain the reasons for any alternatives checked as being "Not Feasible" in Section IV of the Program Claim (Form 8700-174). If you need more room than the space provided on the form, please attach additional sheets.

Step Four

Do not forget to include all necessary attachments listed in Section V (Form 8700-174). If you have a plat map for the property on which the well is located, please provide a copy of that map. If you do not have a plat map, it will be provided by the DNR Regional Office. A Field Inspection Form will be completed by the Regional Water Specialist Investigator when inspecting your replacement well and water system. After receiving your claim, the Regional Water Specialist Investigator will attach a copy to your application. The copy of the Wisconsin State Income Tax Return Form included with this claim should be for the claimant's most recent tax year.

Step Five

Remember to sign the affidavit (Section VI of Form 8700-174) and have it notarized by a notary public.

Step Six

Submit the Program Claim along with all supporting documents to your local DNR Regional Office. If you have any questions in completing the Program Claim, please contact your local DNR Regional Water Supply Expert.

IMPORTANT: Work on a new replacement well or other alternative water supply may not begin until you receive an award letter or a proceed notice from the Department of Natural Resources.